## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE

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								— (Signature
								(Date
APPLICATION NO.			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.		. CONFIRMATION NO.
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Address" (37 CFR 1.36.  Change of correspondence  "Fee Address" in form PTO/SB/4".  Use of a Custon  3. ASSIGNEE NAME APLEASE NOTE: Unle	respondence address (or Address form PTO/SB/1 adication (or "Fee Addres7; Rev 03-02 or more reconer Number is required. AND RESIDENCE DATA ass an assignee is identified forth in 37 CFR 3.11. Conse	Change of 22) attached. s" Indication ent) attached. A TO BE PRINT ed below, no assi	(1) the nan attorneys or a (2) the name a registered a up to 2 regist name is listed TED ON THE ignee data wi form is NOT	Il appear on the a substitute for a	3 registere natively, (having as a att) and the meys or age the printed.  att or type)  patent. If an filling an ass (CITY and S	a member 2 names of ents. If no 3	LLP	the document has been filed
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Typed or printed name Jeffrey S. Sharp						Registratio	on No.	31,879